Please be sure to note that in some cases the information presented may be the opinion of the original author. We need to be sure to view it in the context of our own organizations and environment. In some cases you may need legal opinions and/or decision documentation when interpreting the rules.

Many thanks to all who contributed to this information!!!

Have a great day!!! Have a Happy Thanksgiving!!!
Ken

Items included below are:
Privacy and Security Rule Policies & Procedures White Paper
[hipaalive] NEW UB FORM
HIPAA Implementation Newsletter -- Issue #22 - November 16, 2001 (ATTACHED)
[hipaalive] General-Faxing
[hipaalive] TCS: Myth #233: COB claims
[hipaalive] TCS: Myth #234: Batch, Real Time, DDE
[hipaalive] TCS: Resource for updating code sets

********** Privacy and Security Rule Policies & Procedures White Paper **********
WEDI-SNIP has a new White Paper on Policies and Procedures in Discussion Draft form as of 11/8/01. It has many potential Privacy and Security Rule Policies and Procedures that may be helpful to our efforts. Also, a reader may also benefit from the document Resources list in Appendix B and Glossary of Privacy and Security Terminology in Appendix A. It appears to be a good document to help with HIPAA Privacy and Security efforts. The Website is at:
http://snip.wedi.org/public/articles/index.cfm?cat=2

********** [hipaalive] NEW UB FORM **********
*** This is HIPAAlive! From Phoenix Health Systems ***
The NUBC is currently working on the next version of the UB. I'm not sure you can say this will be "HIPAA compliant" as the HIPAA standards only apply to electronic transactions. However, the NUBC is making an attempt to bring the paper form and data elements in synch with the 837 transaction. There may be other changes to the form/data content as well not related to HIPAA. The best way to keep up with UB-02 is via their website at www.nubc.org. You

can view meeting minutes there and get the schedule for upcoming meetings.
The meetings are open and very informative if have a chance to go. There are
also state UB committees that work in conjunction with the NUBC. I know Florida has a very active state committee organized through the Florida Hospital Association. Hope this helps!

John Craft
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*** HIPAA Implementation Newsletter -- Issue #22 - November 16, 2001 (ATTACHED) *******
There are several very interesting pieces of news int he attachment:
- Quarterly HIPAA Survey Results: Fall 2001
- Transaction Sequencing
- Security & Privacy: Policies & Procedures
- Biotech - Comdex
- Tablet PC's - Comdex

********** [hipaalive] General-Faxing **********
*** This is HIPAAlive! From Phoenix Health Systems ***

We will continue faxing PHI. In a number of cases this is our business practice. We've adopted policies, implemented a boilerplate confidential fax coversheet to protect faxed PHI and to demonstrate due diligence. I think there is always the potential for misrouting but I think that exists for mail and other means of communication. Our policy requires validation of the number before faxing and, when part of a regular business process, programming the number into fax memory.

Chris Apgar, Data Security & HIPAA Compliance Officer
Providence Health Plan

We have located "confidential" fax machines away
from main traffic areas near the teams who use the fax machine. We've also established procedures requiring staff to regularly check the machine and remove faxes. I don't think it is necessary to go to great lengths to protect the fax from potential viewing by non-authorized staff. I do think, though, it is necessary to move fax machines out of open areas and away from

main traffic routes.

Chris Apgar,
Data Security & HIPAA Compliance Officer
Providence Health Plan

*** This is HIPAAlive! From Phoenix Health Systems ***
I have no doubt that this example was a little extreme, but they like to use those scenarios to get their point across. We have the following statements on our Cover Sheets:

"Attention: The recipient of this fax is prohibited from disclosing any protected health information to any other party and is required to destroy the information after the stated need has been fulfilled.

"Confidentiality Notice: This fax may contain protected health information for the use of the designated recipients named above only. If you are not the intended recipient, you are hereby notified that you have received this fax in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this fax in error, please notify us immediately by calling the above number."

It might not do us much good in a court of law, but I guess we won't know unless it ends up there. At least we are taking "reasonable steps" to protect information.

Tammy L. Johnson, RHIT
Director of Medical Records, Privacy Officer
O'Bleness Memorial Hospital

********** [hipaalive] TCS: Myth #233: COB claims **********
*** This is HIPAAlive! From Phoenix Health Systems ***

There is rampant mis-information on the requirement for payers to accept or not accept COB claims.

I think there is an HHS FAQ response from 11/2/2001 that is being misunderstood. Read the response very carefully:

<FAQ Question>
As a health plan we currently only conduct coordination of benefits (COB) with Medicare. Does the transaction and code set regulation require health plans to conduct COB with all health plans and health care providers even though they may not currently conduct COB with those entities?

<FAQ Answer>
No. It is the health plan's decision as to whether they coordinate benefits electronically with another health plan or a health care provider. If a health plan decides to coordinate benefits electronically with another health plan or a health care provider, they must use the standard transaction for COB.
<FAQ End>

It does NOT say that the plan decides whether to accept a COB claim or not. The plan MUST accept a claim that contains COB information, just as they must accept any other 837 claim.

Then, once the plan has accepted a claim with COB information, the plan is not required to actually coordinate the benefits with another plan, unless they have agreed to do so. If the plan does not want to coordinate benefits, that is their choice. But, if they make that choice, they would have to pay the claim as primary. Probably not a good business practice. :-)

The reason behind this is that an 837 is a claim. With or without COB information in it, it is still a claim. The plan does not need to support the COB business functionality, but they must accept the claim and adjudicate it.

And, if they desire to coordinate benefits, they cannot ask for a paper version (photocopy of original EOB/RA) of the COB information that was already present in the electronic claim.

I hope this helps clear up the confusion in this area.

Kepa Zubeldia
Claredi

********** [hipaalive] TCS: Myth #234: Batch, Real Time, DDE **********
*** This is HIPAAlive! From Phoenix Health Systems ***

Time to clear up another myth: Batch vs. Real Time vs. DDE

Batch is the processing of "a group of" transactions, as opposed to a single transaction. A single transaction is sometimes called a "batch of one" transaction.

A batch could take a long time to process, or could be processed in a short time. A batch could be processed in just a few seconds.

Batch processing is "asynchronous". That is, you "submit" a batch for processing, and, later, most likely in a separate session, you will

receive the response. Some times the delay between the request and the response can be minutes, hours, or days. Some times these submit/response sessions happen so quick that the batch "appears" to be in real time. But these are still two distinct sessions, so we call these cases "quick batch" in order to make the clear distinction that these are two separate sessions.

Real time processing is "synchronous". That is, you "submit" one (or more) transactions for processing, and wait with the same session open until you receive a response. In general the response comes in just a few seconds, but some cases can take a few minutes. And, in general, real time is used with single transactions, or at most a few transactions in a very small batch. Processing large batches in real time is prone to failure if the session timeout is shorter than the time it takes to process the batch and receive the response.

Now that we agree (do we?) on the difference between batch and real time, and we know what "fast batch" means, what is DDE?

Direct Data Entry (DDE) is the activity of a human entering data onto a computer screen or a terminal. DDE could use a web browser, or a credit card type of "terminal" or a specialized application in a PC or a plain old VT100 or 3278 terminal.

Compare the term DDE with the opposite: EDI includes the automated generation of a transaction by a computer application, without a human having to enter every data element. EDI assumes that the data is already resident in some form in the system, perhaps in some database, and it is being produced by the system according to some pre-defined format. In our case X12 or NCPDP transactions.

On the other hand, DDE describes the process to collect the information directly from the "terminal" into some sort of output data file. The output data file could be in X12 format or in another format. But, most likely, the data entry screen will not be in X12 format because it would not be very user friendly.

A few years ago there were "batch entry" workstations. These were DDE terminals with a specific program or screen layout that allowed data fields to be entered on the screen and captured into a file. The file would be subsequently transmitted to a host computer as a batch.

In it's most primitive form (perhaps where the term originated) a batch could be liked to a box of punch cards. The punch cards could be the result of the output of a computer program to a card punch, or the result of direct data entry into a keyboard at a card punch.

It is possible that the result of the DDE activity (data capture

activity) results not in the storage of the data in a file, but results in the sending the data as a "transaction", in some sort of format, in real time, to the host computer, and a response is expected during the same session. In that case we have the combination of DDE and real time submission of a transaction. Two separate concepts.

Today, most DDE happens onto some sort of terminal, like a VT100 or a 3278 or 5251 or Verifone or a web browser, and is associated with a real time response for each "record" entered. The response could be the acceptance of the data into a system or a database, or the result of a transaction with a host computer.

In general, it will be very unlikely that a DDE screen is laid out as an X12 transaction. But it is quite likely that a DDE screen is used to capture the data to generate an X12 transaction, and to get an X12 response. For example: Medicare distributes a free program that allows the provider to enter claim information as DDE into a batch file (NSF,UB92,X12) that is subsequently transmitted to Medicare. The screen layout somewhat resembles a paper form, but the data file is a standard EDI type of file.

So, back to HIPAA.

The Rules do not specify whether the transactions must be implemented as batch (request and response in two separate sessions) or as quick batch (two sessions, but faster) or as real time (request and response in the same session). The rules do specify that all covered entities must implement the transactions as X12 or NCPDP according to the HIPAA Implementation Guides. It is very feasible to implement all these X12 transactions as either batch or real time. Some implementation guides favor the use of batch, as they favor large transactions.

In addition to the standard transactions, covered entities could also implement DDE. But keep in mind that DDE is a different concept from the standard transactions. Apples and oranges. DDE is data *input* only. So, you could implement DDE under HIPAA as long as the data content is the same as the data content as the standard transactions. Your DDE system could (should?) be used to generate a standard transaction. The response to the standard transaction could be in real time, or in quick batch, or in slow batch. The response could be a standard transaction, or it could be a non-standard transaction such as text to be displayed on the DDE terminal.

Now the bottom line.

Under HIPAA, do I have to implement transactions in real time or in batch? The answer is: "yes" :-) HIPAA does not tell you how fast you answer, as long as you are not significantly slower in answering a

standard HIPAA transaction than in answering a non-standard.

Under HIPAA, if I implement DDE, do I also have to implement the X12 transactions? Apples and oranges. To be compliant with HIPAA you MUST implement the standard transactions. The fact that you may implement additional DDE functionality does not satisfy the requirement to implement the standard EDI transactions mandated by HIPAA.

I hope this helps.

Kepa Zubeldia
Claredi

********** [hipaalive] TCS: Resource for updating code sets **********
*** This is HIPAAlive! From Phoenix Health Systems ***
These code sets are reachable through either the HIPAA.ORG portal page or under the "free stuff" -> "code sets" links in our web site. It is a free resource. This is not a commercial plug, it is free, as in nothing, nada!

In the future we will have these code sets directly downloadable in ASCII format, but some of them have to be purchased, so the best we can do there is to point you to the place where you can buy them.

Enjoy.

Kepa Zubeldia
Claredi